## Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>5-17-2010</u>	Address:	Basin St. @ N. Morris Rd.
Case #:	<u>24F31525</u>		Cromwell IN
County:	Kosciusko County		<u>46732</u>
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
Chemic	onal Lab cal/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☑ Other: Boat
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply)  Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: Boat			
☐ Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: Boat			
Corrosive Base: Boat			
Other (item and location): Ammonium Nitrate (Boat)			
$\bigcirc$ Yes $\underline{1}$ No	er age 18 discovered (check one) (number present)  eport to Child Protective Services		
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	ment: Turkey Creek VFD	Fax: <u>574-457-5505</u>	
Health Dep	artment: Kosciusko County HD	Fax: <u>(574)</u> Fax: <u>57</u> 4-2	<del></del>
Child Prote	ction Service: <u>Kosciusko Cnty CPS</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Trp. Andrew Cochran Phone</u> <u>574-546-4900</u>			

<sup>\*\*</sup> This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

<sup>\*\*\*</sup> This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.